



NUTRITION EDUCATION PRE-SURVEY

Return this survey with the Curriculum Request Form

1. What grades do you teach?

2. How many students by *grade* do you have in your classroom this year?

3. Do you reward children with food for good behavior, academic achievement or other desired behavior?

Circle your response.

Always Usually Sometimes Rarely Never

4. Do all classroom food activities or eating experiences support healthy eating?

Circle your response.

Always Usually Sometimes Rarely Never

5. Did you teach nutrition in your classroom last year?

____ Yes ____ No If **YES**, continue to question 6. If **NO**, please explain and then return the survey to the Bureau of Health Promotion.

6. On average, how many hours of classroom time were spent on nutrition education each month during the last semester or last year?

Check the appropriate box.

Appropriate Hours Spent on Nutrition Education	1 or <	2-3	3-5	6-9	10 or >
Last Semester					
Last Year					

7. What nutrition education curriculum did you use to teach nutrition last semester or last year? List all curriculum used. **Circle the primary curriculum** that you used.

8. For the primary nutrition education curriculum that you used last semester or last year, respond to the following questions.

a. How much did you like the curriculum?

The Best A Lot Okay Not Much Not At All

b. Was this curriculum appropriate for all the children in your class?

The Best A Lot Okay Not Much Not At All

c. Will you use this curriculum again?

Yes Probably Maybe Probably Not No

d. Would you recommend this curriculum to a colleague?

Yes Probably Maybe Probably Not No

e. Was the curriculum modified or followed exactly? _____ Modified _____ Followed Exactly

If the curriculum was modified, describe the changes made.